

Boone County Health Department

116 W Washington St Lebanon IN 46052

www.boonecounty.in.gov

Environmental Health

765-483-4458

765-483-5243 Fax



Nursing & Vital Records

765-482-3942

765-483-4450 Fax

Public Health
Prevent. Promote. Protect.

Application For Temporary Food Establishment Permit

Temporary Food Permit	\$70.00	per event per unit
Multi Event Temporary	\$210.00	over 3 events per unit
Commissary	\$100.00	
Mobile Food Permit	\$140.00	
Farmer's Market	\$70.00	for the season

Complete all information and return no later than **10 days** before the scheduled event

Name of Temporary Event:

Event Location:

Dates of Event:

Hours of Operation:

Name of Stand:

Manager's Name:

Owner's Name:

Telephone Number:

Mailing Address:

E-mail Address:

City:

State:

Zip Code:

Provide Copy of Certified Food Handler Certificate

Location of Commissary:

Address:

City:

Provide Copy of County Health Dept. Permit

Have arrangements been made with the

Event Coordinator? YES _____ NO _____

List Food(s) to be Served:

Sewage Disposal: City _____ Private _____

Water Source: City _____ Private _____

I hereby certify that the above information is correct and that the food service facilities will be maintained in compliance with the Commissioner's Ordinance 2011-11, 410 IAC 7-24 and all other applicable state and local codes.

I understand that the food establishment permit is not transferable or refundable.

I understand that fees associated with the application and permit are non-refundable.

I will keep the permit posted on the above mentioned premises in a conspicuous location.

Signed _____ Title _____ Date: _____

For Office Use Only

Permit Issued _____

Permit Approved _____

Permit Number _____

Environmentalist _____

Check No. or Cash _____

Amount Paid _____

ID Number _____

Date Received _____